

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041144

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10012

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

FILED OCT 17 1963

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Center For Aged		d. STREET ADDRESS (If outside, give location) 1438 E. Grand Ave.	
3. NAME OF DECEASED (Type or print) First ELI Middle ALBERT Last		4. DATE OF DEATH Month 10 Day 8 Year 1963	
5. SEX male	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Unknown
9. AGE (last birthday) ab. 83		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scrap Metal Dealer		10b. KIND OF BUSINESS OR INDUSTRY Scrap Metal	
11. BIRTHPLACE (City and state or country) USSR		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME (unk) Albert		13b. MOTHER'S MAIDEN NAME (unk) Rebecca	
14. NAME OF HUSBAND OR WIFE Mrs. Sadie Lehrman		Address 554 Kingdel U. City	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give year or dates)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Sadie Lehrman		Address 554 Kingdel U. City	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration of gastric contents			INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe cerebral arteriosclerosis; arterio-sclerotic heart disease Bronchitis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 7-25-60 to 10-8-63 and last saw him alive on 10-8-63 Death occurred at 5:15 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert S. Mendelsohn (Degree or title) M.D.		22b. ADDRESS 4652 Maryland St. Louis 8, Mo.	22c. DATE SIGNED 10/9/63
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 10-9-63	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.	23d. LOCATION (City, town, or county) (State) University City, Mo.
24. FUNERAL DIRECTOR Berger Memorial ADDRESS 4715 McPherson Ave.		25. DATE RECD. BY LOCAL REG. OCT 9 1963	26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

18-110-000

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known

STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lawrence J. Birn*

Licensed Embalmer No. 3988

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.